

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DEVICE FOR LIQUID TREATMENT OF  
DISK-SHAPED OBJECTS  
Attorney Docket Number:: 4303-1003  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: KARL-HEINZ  
Middle Name::  
Family Name:: HOHENWARTER  
Name Suffix::  
City of Residence:: DELLACH/GAIL  
State or Province of Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing Address:: LEIFLING 1  
Address::  
City of Mailing Address:: DELLACH/GAIL  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: A-9635

**Correspondence Information**

Correspondence Customer Number::

00466

**Representative Information**

|                                  |       |
|----------------------------------|-------|
| Representative Customer Number:: | 00466 |
|----------------------------------|-------|

**Domestic Priority Information**

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | National Stage of | PCT/EP2003/006441    | 6/18/03              |
|                  |                   |                      |                      |

**Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| AUSTRIA   | A 954/2002           | 6/25/02       | Yes                |
|           |                      |               |                    |

**Assignment Information**Assignee Name:: *N/A*

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::